

Geriatric Fractures: Understanding the Causes, Treatment and Prevention

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Opinion Article

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DESCRIPTION

Fractures are a common occurrence in the elderly people, with an estimated 1 in 3 adults over the age of 65 experiencing a fracture each year. These fractures, also known as geriatric fractures, can lead to significant morbidity and mortality in this population. Geriatric fractures can be caused by a variety of factors, including osteoporosis, falls, and underlying medical conditions. Osteoporosis, which is a condition characterized by low bone density and increased risk of fractures, is a significant risk factor for geriatric fractures. Falls are also a major cause of geriatric fractures, with up to 90% of hip fractures occurring as a result of a fall. Underlying medical conditions, such as cancer and Parkinson's disease, can also increase the risk of geriatric fractures.

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The implementation of the Geriatric Fracture Center (GFC) leads to improved processes and outcomes for geriatric patients with THFs. Increased awareness and recognition led to an increase in the diagnosis of complications that would otherwise remain untreated. Expanding these efforts might lead to more significant effects and an increase in the reduction of morbidity and mortality in the future. The criteria for this certificate were endorsed by the German trauma organization. The multidisciplinary team consisted of trauma surgeons, geriatricians, anesthesiologists, physiotherapists, rheumatologists, nurses, social (discharge) workers, psychiatrists and dieticians who worked together to provide a pathway with the potential to optimize outcome for each individual patient both during hospital admittance and after discharge. The GFC was carried out hospital-wide and every member of the team was committed to implementing these new improvements. During the planning of each step of treatment, the individual values of both patients and relatives were considered. The patients received well-coordinated treatment that, alongside the acute problem, involved attention for possible age-related diseases, discharge management and out-of-hospital treatment.

Treatment of geriatric fractures

The treatment of geriatric fractures depends on several factors, including the type and severity of the fracture, the overall health of the patient, and the patient's goals for treatment. In general, the main goals of treatment are to relieve pain, promote healing, and prevent complications.

Non-surgical treatment options for geriatric fractures include the use of pain medications, immobilization with casts or braces, and physical therapy. Surgical treatment options may be necessary for more severe fractures or fractures that do not heal properly with non-surgical treatment. Surgical options include the use of pins, screws, and plates to stabilize the fracture, as well as joint replacement surgery for hip and knee fractures.

Prevention of geriatric fractures

Preventing geriatric fractures requires a multi-faceted approach that includes lifestyle modifications, medical management of underlying conditions, and environmental modifications. Lifestyle modifications that can help prevent geriatric fractures include regular exercise, a healthy diet that is rich in calcium, vitamin D and avoidance of smoking and excessive alcohol consumption.

Medical management of underlying conditions, such as osteoporosis and Parkinson's disease, can also help prevent geriatric fractures. Medications that can help prevent osteoporosis include bisphosphonates and denosumab. Medications that can help prevent falls include antidepressants, antipsychotics and medications to lower blood pressure.

Geriatric fractures are a significant health concern for the elderly population. The causes of geriatric fractures include osteoporosis, falls, and underlying medical conditions. The treatment of geriatric fractures depends on several factors and may include non-surgical or surgical options. Prevention of geriatric fractures requires a multi-faceted approach that includes lifestyle modifications, medical management of underlying conditions, and environmental modifications. With a comprehensive approach to prevention and treatment, the incidence and morbidity of geriatric fractures can be reduced, leading to improved quality of life for the elderly population